

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2008</b>		Application Number    10/644,577-Conf. #5196	Filing Date    August 20, 2003
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor    Connie Sanchez	Examiner Name    Yong S. Chong
TOTAL AMOUNT OF PAYMENT    (\$)    810.00		Art Unit    1617	Attorney Docket No.    05432/100M919-US2

  

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	<input type="checkbox"/> Deposit Account    Deposit Account Number:    04-0100    Deposit Account Name:    Darby & Darby P.C.
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

  

<b>FEE CALCULATION</b>								
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>								
	FILING FEES		SEARCH FEES		EXAMINATION FEES			
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>	
Utility	310	155	510	255	210	105	_____	
Design	210	105	100	50	130	65	_____	
Plant	210	105	310	155	160	80	_____	
Reissue	310	155	510	255	620	310	_____	
Provisional	210	105	0	0	0	0	_____	
							<b>Small Entity</b> <u>Fee (\$)</u> <u>Fee (\$)</u>	
<b>2. EXCESS CLAIM FEES</b> <u>Fee Description</u>							<u>Fee (\$)</u> <u>Fee (\$)</u>	
Each claim over 20 (including Reissues)							50    25	
Each independent claim over 3 (including Reissues)							210    105	
Multiple dependent claims							370    185	
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							<u>Multiple Dependent Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>	
18    - 20 =    x    =								
HP = highest number of total claims paid for, if greater than 20.								
<u>Indep. Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>								
1    - 3 =    x    =								
HP = highest number of Independent claims paid for, if greater than 3.								
<b>3. APPLICATION SIZE FEE</b> If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
<u>Total Sheets</u>		<u>Extra Sheets</u>		<u>Number of each additional 50 or fraction thereof</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
_____		_____		_____		_____	_____	
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____							<u>Fees Paid (\$)</u>	
<b>4. OTHER FEE(S)</b>							<u>Fees Paid (\$)</u>	
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...							810.00	

  

<b>SUBMITTED BY</b>			
Signature	Registration No.    41,151	Telephone    (212) 527-7765	Date    October 31, 2007
Name (Print/Type)    Jay P. Lesser		Date    October 31, 2007	